

Schedule BPatient Days and Routine RevenuesPatient Days, Section A

Report total facility patient days on lines 1-9.

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Maximum Bed Days, Section B

On Line 10, enter the number of beds licensed by the New Jersey State Department of Health (EXCLUDING QUIET ROOM), the number of days in the base period and the maximum bed days. If there was a change in bed capacity during the reporting period, complete as follows:

	<u>BEDS</u>		<u>DAYS</u>	<u>MAXIMUM BED DAYS</u>
July 1 to September 30	200	x	92	18,400
October 1 to June 30	<u>250</u>	x	<u>273</u>	<u>68,250</u>
	XXX		365	86,650

On Line 11, enter the number of quiet beds. The sum of Lines 10 and 11 should equal the total long term care licensed beds.

On Line 12, enter the number of sheltered, residential and/or domiciliary beds, if applicable.

Gross Revenues from Routine Services, Section C

Report Gross Revenues from Routine Services, for all patients, by class of care as defined by the Department of Health. These classes of care are as follows:

Nursing

Other

Payors, Lines 1-4

Report Gross Revenues from Routine Services, likewise for all patients by payor. These payors are as follows:

Private

Medicaid (Title XIX)

Medicare (Title XVIII)

Other

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"Other" patients includes those patients the majority of whose costs are borne by third party payors (excluding family) other than the Medicare and Medicaid programs.

Note: Schedule B, Column D, "OTHER" refers only to residential, sheltered and domiciliary patients.

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- . This form is to be completed for any additional costs homes expect to incur over and above base period expenditures to:

1. Comply with legally mandated requirements (legal changes).
2. Upgrade the quality of care above the level reflected in base period costs (management changes).

Legal - Includes expenditures that require a Certificate of Need or which are mandated by Licensing and Inspection, Life Safety Code Requirements, Federal and State Regulation, Local Ordinances, and other legally constituted authorities.

Management - Includes all changes made at management's initiative or discretion.

- . This form is not to be used for:

1. Increases in the salaries and fringe benefit level of employees.
2. Price increases in goods and services purchased, or increases in local tax rates.
3. Changes related to changes in occupancy or volume levels.

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NOTE: Where a legal or management change is approved and incorporated in rate, and a home does not make the approved expenditures in the period during which these rates are applied, the state will retroactively recover any amounts not spent.

Changes requiring a Certificate of Need must be accompanied by an approval from the Certificate of Need authority.

Type of Change, (A)

Check the appropriate box applicable.

Description of Change, (B)

) Describe the change(s) in detail, complete one (1) form for each major change and combine related minor changes.

Date of Change, (C)

Indicate the date the change was instituted or will be instituted (i.e. date construction will be/was completed, date staffing increase will be effective).

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Certificate of Need Number, (D)

Enter the six (6) digit number assigned to your Certificate of Need, where applicable.

Cost Centers Affected, (E)

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Enter the appropriate cost centers affected by Legal and Management changes (per schedule A) i.e. management, dietary, housekeeping, etc. (See "Capital Expenditures and Maintenance" for changes involving capital or maintenance projects.)

Cost Contained in Base Period, (F)

Enter the costs which have been incurred in the base period and reported on Schedule A. Enter 0 in this column if change was not effected in the base period.

Annual Costs, (G)

Report what the costs will be for a full year at price levels expected in the prospective rate period.

If a portion of cost is in the base period (i.e. three months in base period and nine months outside of period), enter what the cost will be for a full year in Column (G).

Capital Expenditures and Maintenance

Projects involving capital expenditures or major maintenance will be treated on an individual basis. Where such

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expenditures will result in a change in rates, the rate change will not be made until the project has been completed.

- Where a home believes that the expenditure should qualify for a "Special Amortization" provision in rates, enter SPAM as the Cost Center Affected and enter the total cost in Column G. The Medicaid program will review each request as to its eligibility for special amortization and the amortization period.
- Where a home believes that the expenditures will enhance the appraised value of land or building (including fixed equipment), enter "Land" or "Building" under the Cost Center Affected and enter the total planned expenditure in Column G. The Medicaid program will determine the effect on rates (after reappraisal of land and/or building, if necessary) upon completion of the project.
- Where extraordinary expenditures are planned for equipment replacements or major maintenance purposes and have no effect on the appraised value of building or land, enter "Maintenance" or "Replacements" under Cost Center Affected and enter the estimated amount of the expenditure in Column G. (Only in extraordinary circumstances will rate adjustments be made for such expenditures in the year in which the expenditure is made.)

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SCHEDULE D
Selected Data

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Selected Employee Salary Data, (A)

Select the last pay period in your fiscal year which did not include a holiday and enter the straight time and overtime hours and salary for the preprinted employee classification on Lines 1 - 6.

% of Employee Nursing Hours Worked to Paid, (B)

The purpose of this data is to report for an "average" nursing employee, the relationship between hours worked and hours paid, as illustrated in the following example of Schedule D, Lines 8 through 13.

8.	Salary hours paid - Total	[+]	2,080
9.	- Vacation	[-]	80
10.	- Holidays	[-]	72
11.	- Sick and Other	[-]	40
12.	- Worked	[=]	1,888
13.	% of hours worked to paid [1,888] divided by 2,080]		91%

Exclude contracted nurses from this section. Where the home's payroll records contain the above data, please submit total hours for all nursing employees (R.N.'s, L.P.N.'s and Aides) on lines 8 through 13.

In the absence of records of time paid and not worked, facilities should employ best estimates of this data for a

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"typical" nurse. For example, in the illustration given above, an average or typical nurse was paid for a total of 24 days not worked ($80 + 72 + 40$ divided by 8).

Meal Data (Lines 14 and 15)

For this purpose, a "meal" is defined as the equivalent of a full lunch or dinner. In the absence of detailed records, please provide management estimates. On line 14, enter the number of meals served to employees per year; if none, enter N/A. On line 15, enter the average employee meal price; if none, enter N/A.

Unrestricted Income, (C) Lines 16 - 20

The purpose of this schedule is to determine the average unrestricted income received for the three (3) most recent years of operation.

Line 16 - Unrestricted income from "Local Government Units" includes appropriations and other general funding from municipalities, counties and other local governments where such income is not derived from billings to these units for care or is otherwise restricted for capital projects or specific services

- For example, should a government unit pay \$X per day for the care of specific patients, then that income should be reported on Schedule B line 4 as "Routine Revenues".

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- On the other hand, should the home receive an appropriation of \$Y to defray general operating costs, this amount should be entered on Line 16 of Schedule D as "Unrestricted Income - Local Government Units." This rule applies even though there may be certain constraints placed by the governmental unit on how the funds are to be spent (e.g., budgetary line items).
- Funding by governmental units restricted for capital purposes should be excluded from Schedule D.
- Funding by governmental units that is restricted for specific services or functions should be reported on Schedule A-4 and shown as a recovery of expenses.

Line 17 - The above rules also apply to income received from nongovernmental sources. Board restricted funds are considered "unrestricted" and should be reported on Line 17.

List all unrestricted income on Lines 16 and 17 as applicable. On Line 18 deduct the fund raising expenses applicable to Lines 16 and 17. To determine the average income, (Line 20 Column H) divide Line 19, Column H by the number of years (1 to 3) for which these data are reported.

Special Amortization Details and Organization Cost, Schedule D, Lines 21 - 24

Special Amortization Details, Lines 21 and 22 - report where special consideration has been given by the Medicaid program for the amortization or accelerated depreciation of expenditures for purposes such as meeting life safety code requirements.

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